

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520786

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5						
6				1		
7						
8				1		
9						
10				1		
11						
12				1		
13						
14				1		
15						
16				1		
17						
18				1		
19						
20			1			
21				1		
22						
23				1		
24						
25			1			
26				1		
27						
28				1		
29						
30				1		
31						
32				1		
33						
34				1		
35						
36				1		
37						
38				1		
39						
40				1		
41						
42				1		
43						
44				1		
45						
46				1		
47						
48				1		
49						
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53			1			
54				1		
55						
56				1		
57						
58				1		
59						
60				1		
61						
62				1		
63						
64				1		
65						
66				1		
67						
68				1		
69						
70				1		
71						
72				1		
73						
74				1		
75						
76				1		
77						
78				1		
79						
80				1		
81						
82				1		
83						
84				1		
85						
86				1		
87						
88				1		
89						
90				1		
91						
92				1		
93						
94				1		
95						
96				1		
97						
98				1		
99						
100				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						